

DEPARTMENT OF HEALTH AND HUMAN SERVICES BUDGET OVERVIEW

Dena Schmidt
Deputy Director of Programs

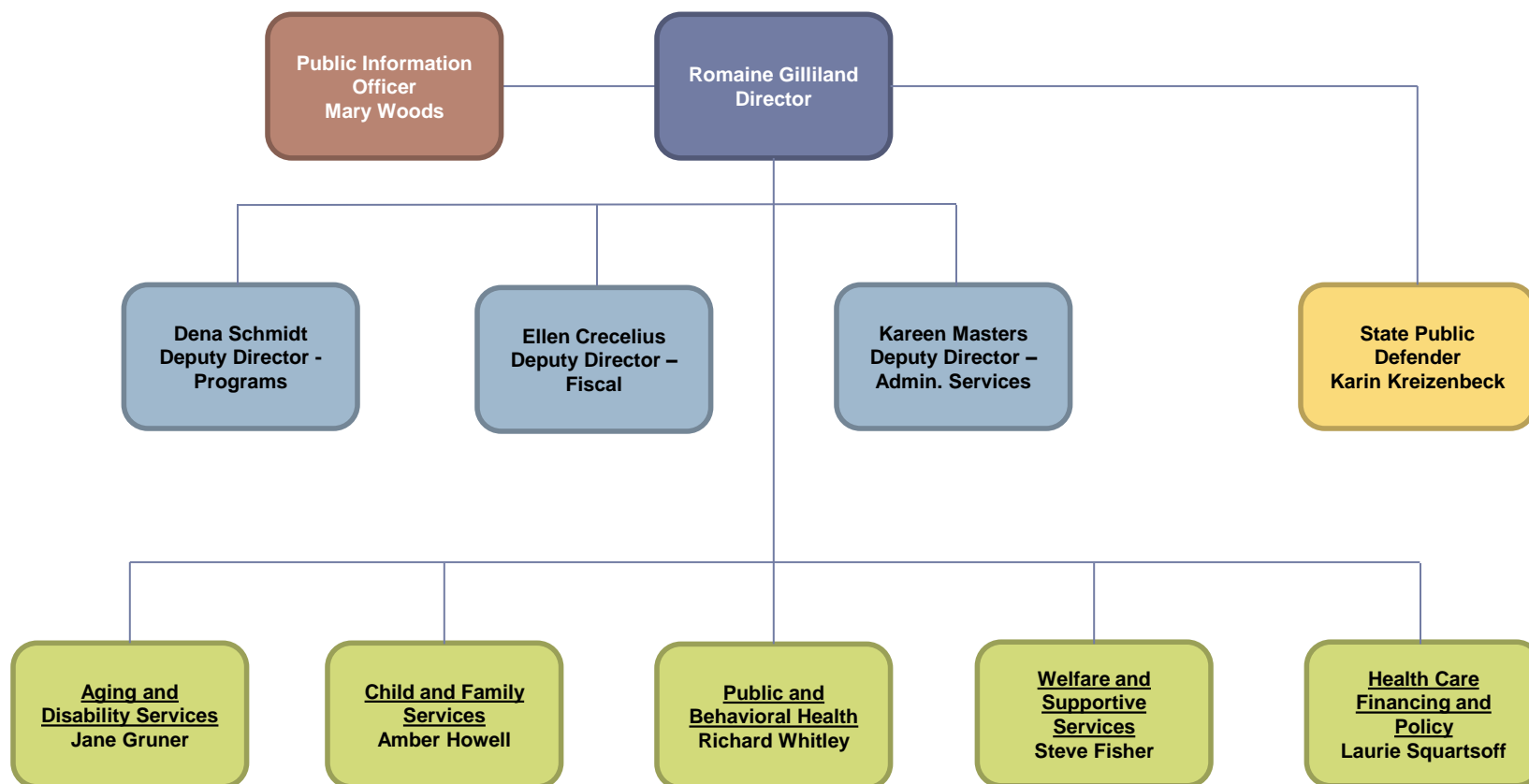
Romaine Gilliland
DHHS Director

DHHS's Mission

- The Department of Health and Human Services (DHHS) promotes the health and well-being of Nevadans through the delivery of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.
- The department consists the following divisions: Aging and Disability Services, Child and Family Services, Health Care Financing and Policy, Public and Behavioral Health, Welfare and Supportive Services, and the Public Defender's Office.
- Statutory Authority: NRS 232.290-465.

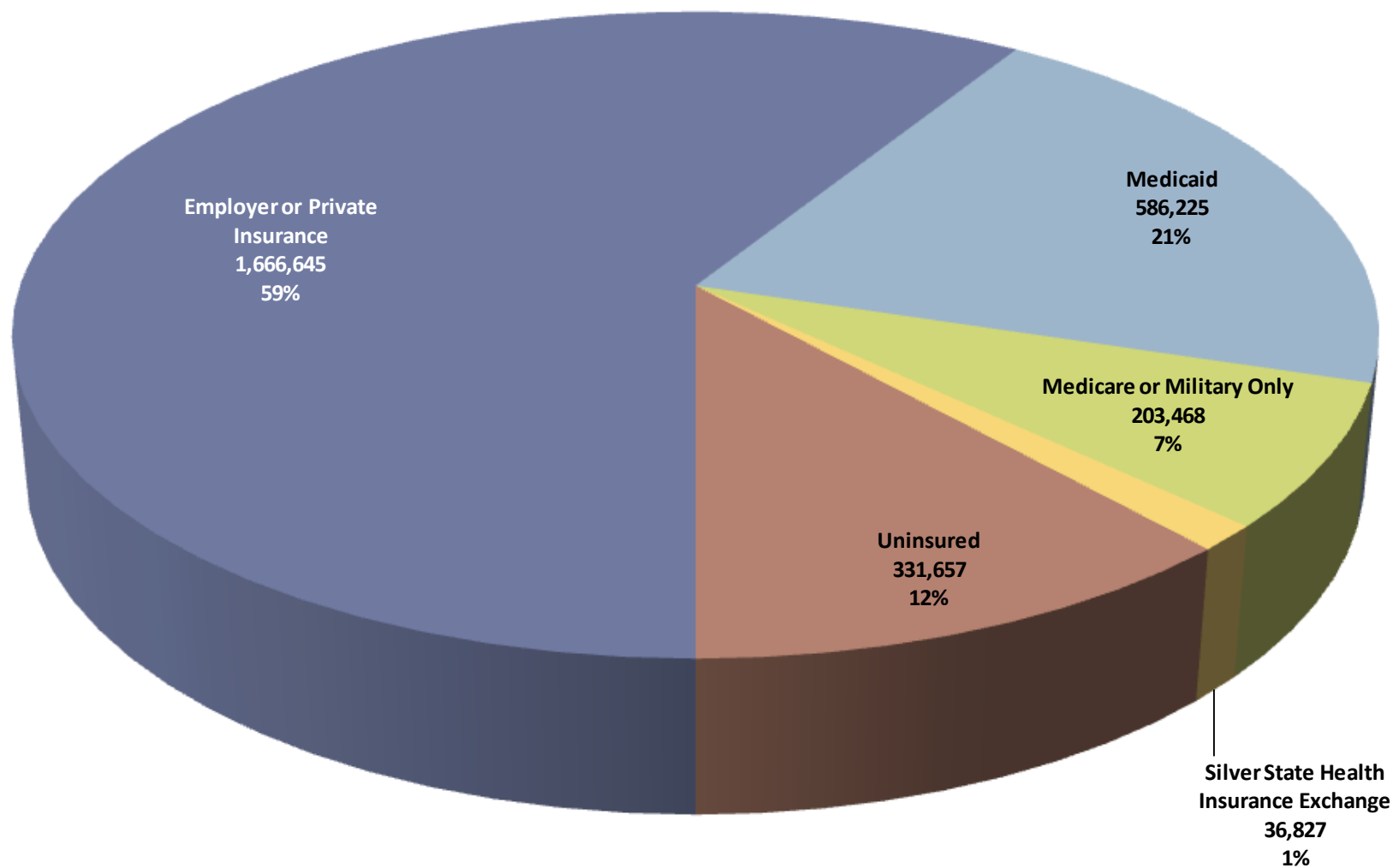
Helping People. It's who we are and what we do.

DHHS Organizational Chart



Estimated Insurance Status of All Nevadans as of July 2014

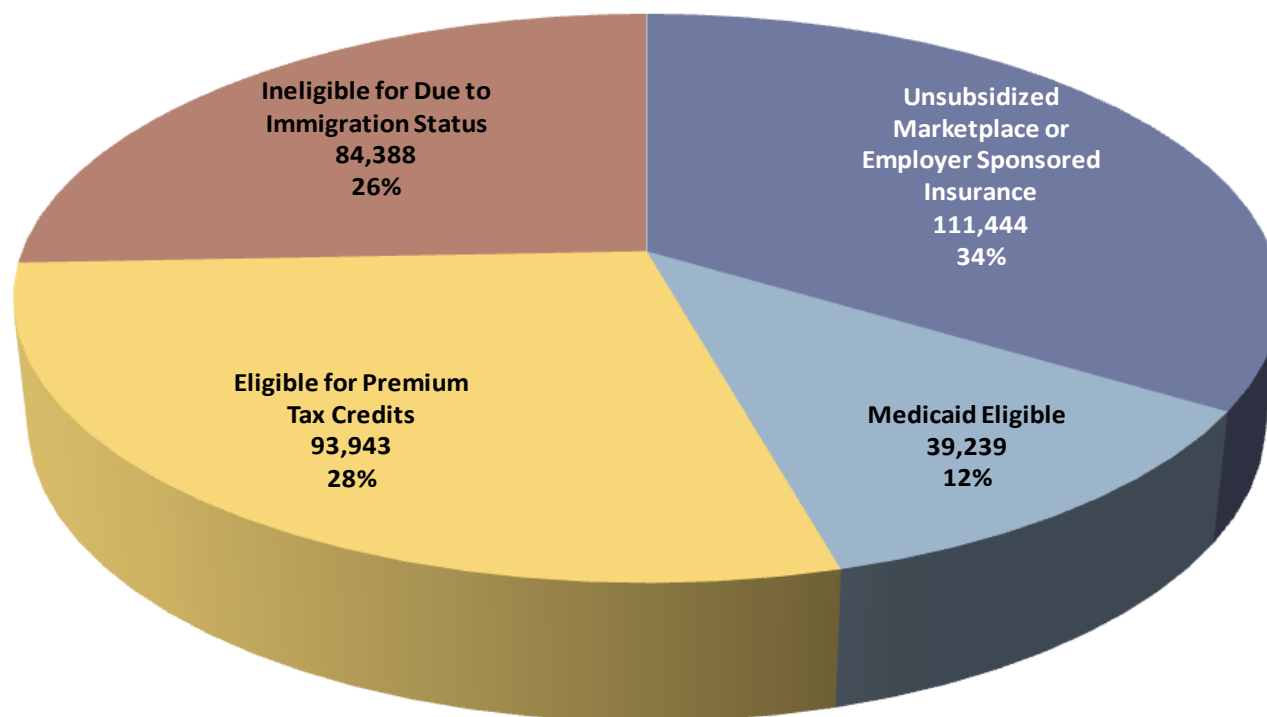
Total Population = 2,824,822



Note: Individuals may have more than one form of insurance, particularly Medicare or Military health care combined with private insurance or Medicaid.

Estimated Eligibility for Coverage among Currently Uninsured Nevadans as of July 2014

With Medicaid Expansion



329,014 Uninsured

Uninsured Rate

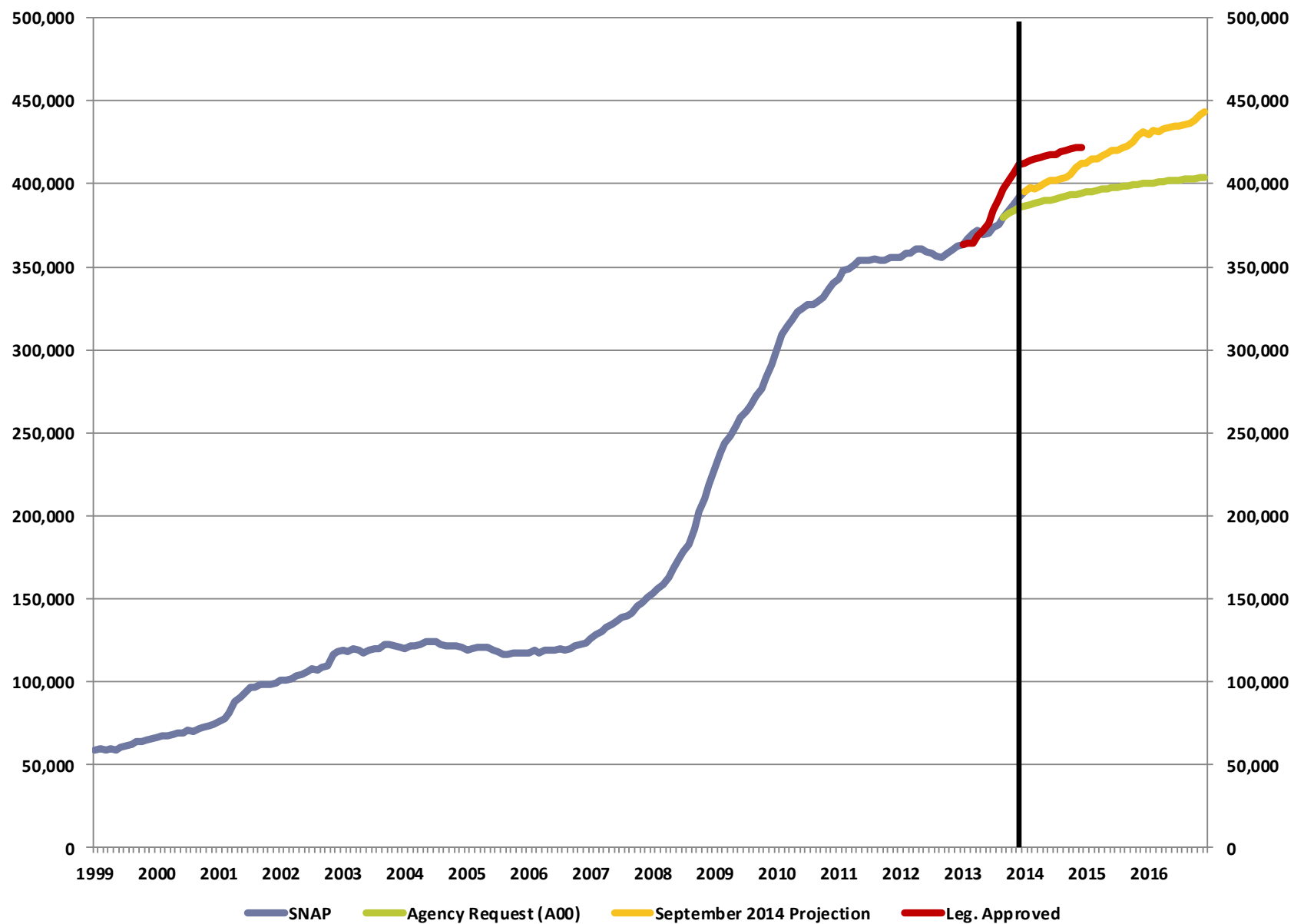
Non-Elderly Nevadans = 13%

All Nevadans = 12%

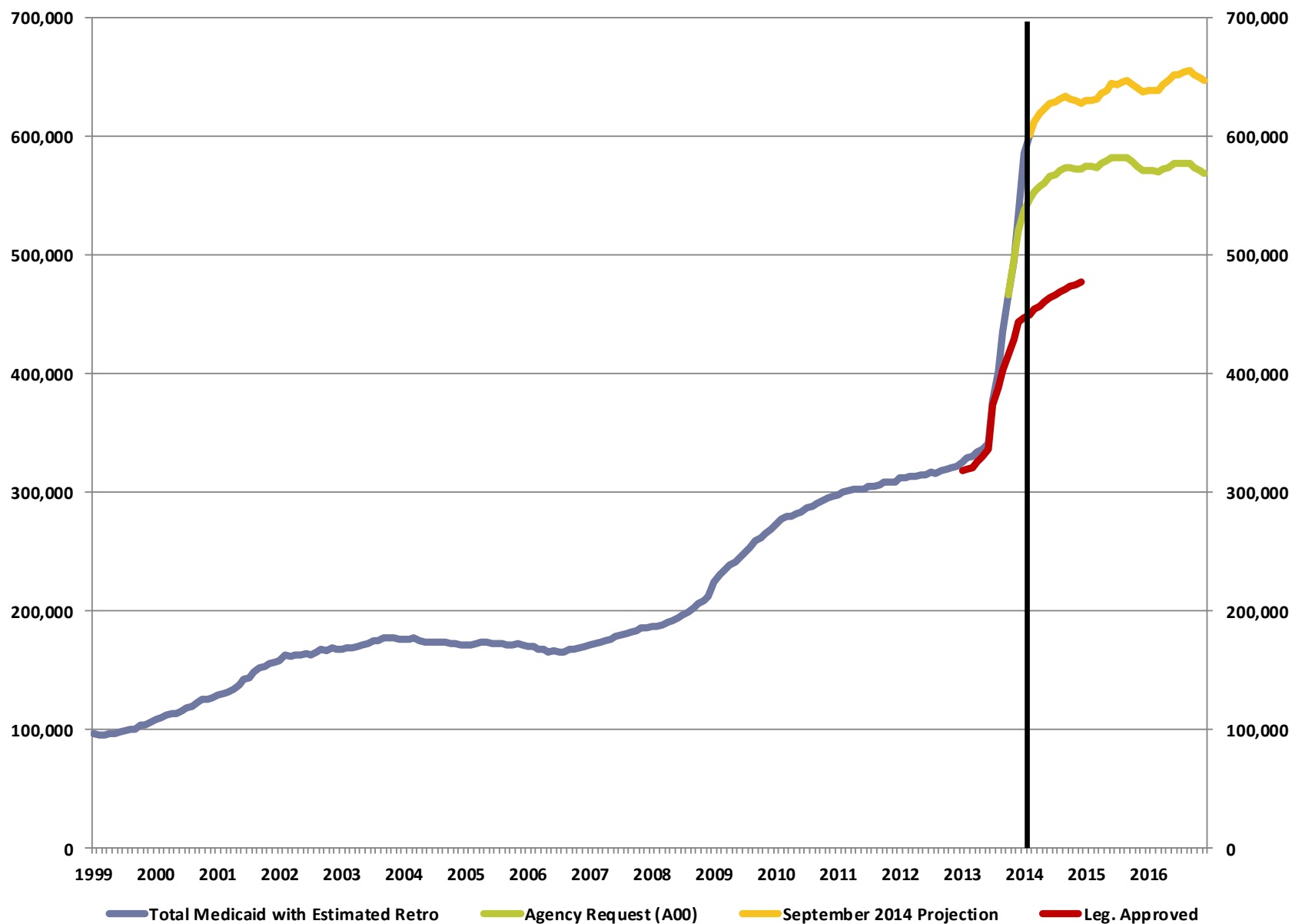
TANF Cash



SNAP



Total Medicaid with Retro



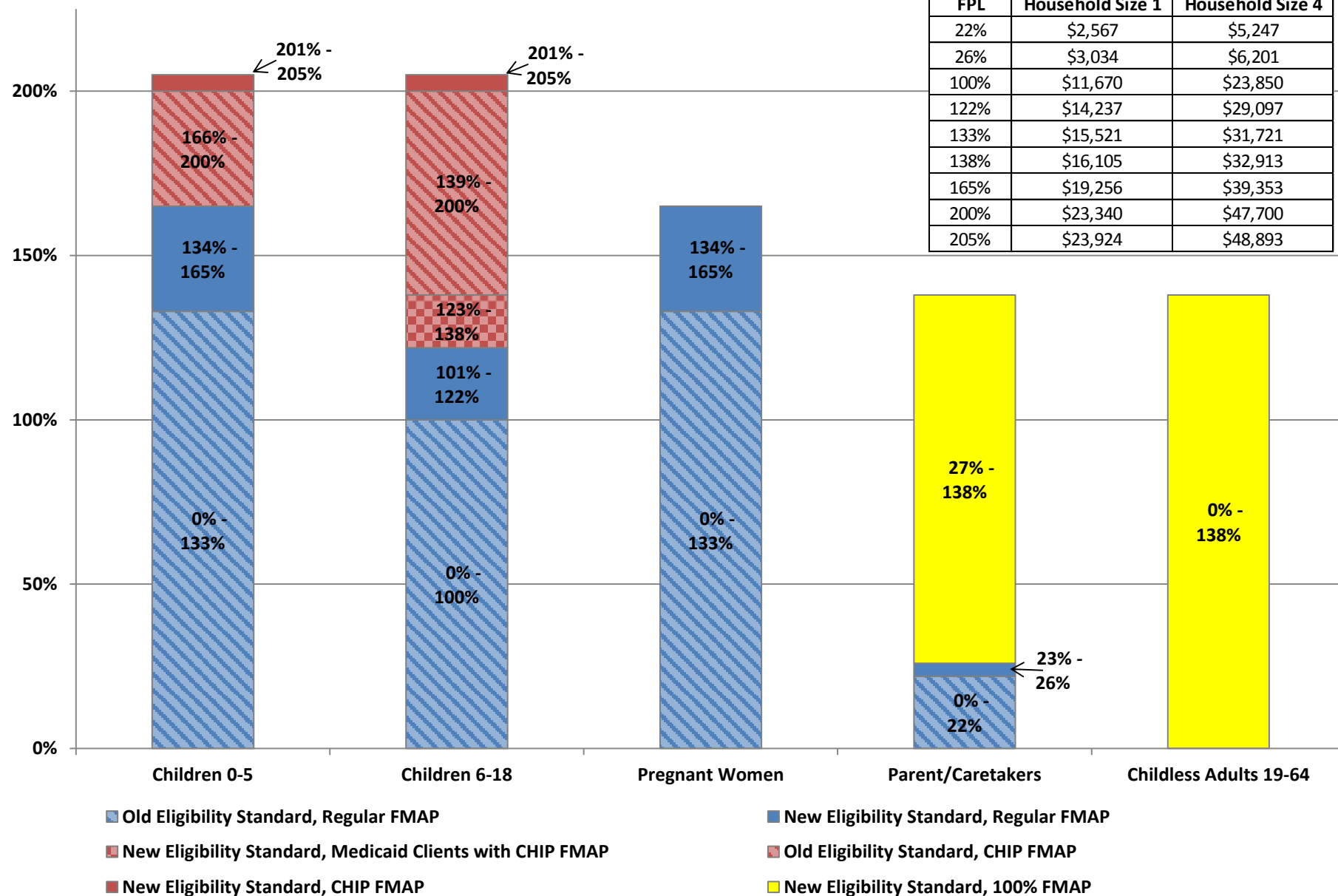
Blended FMAP

Updated September 2014

State Fiscal Year	FMAP	Enhanced (CHIP) FMAP	ACA Enhanced (CHIP) FMAP	New Eligibles FMAP
FY03	51.79%	66.25%		
	52.53%	66.77%		
FY04	54.30%	68.01%		
	55.34%	68.74%		
FY05	55.66%	68.96%		
FY06	55.05%	68.53%		
FY07	54.14%	67.90%		
FY08	52.96%	67.07%		
FY09	50.66%	65.46%		
	61.11%	72.78%		
FY10	50.12%	65.08%		
	63.93%	74.75%		
FY11	51.25%	65.87%		
	62.05%	70.44%		
FY12	55.05%	68.54%		
FY13	58.86%	71.20%		
FY14	62.26%	73.58%		100.00%
FY15	64.04%	74.83%		100.00%
FY16	64.79%		92.60%	100.00%
FY17	65.30%		98.71%	97.50%
FY18	65.71%		99.00%	94.50%
FY19	65.68%		98.98%	93.50%
FY20	65.23%		81.41%	91.50%

NOTE: The green cells reflect a 2.95% increase for the period April 2003 through June 2004. The blue cells reflect the ARRA stimulus adjusted FMAP for October 2008 through December 2010. The FMAP values for FY17 through FY20 are projections.

Medicaid Eligibility and FMAP



Resources

Department of Health and Human Services Website

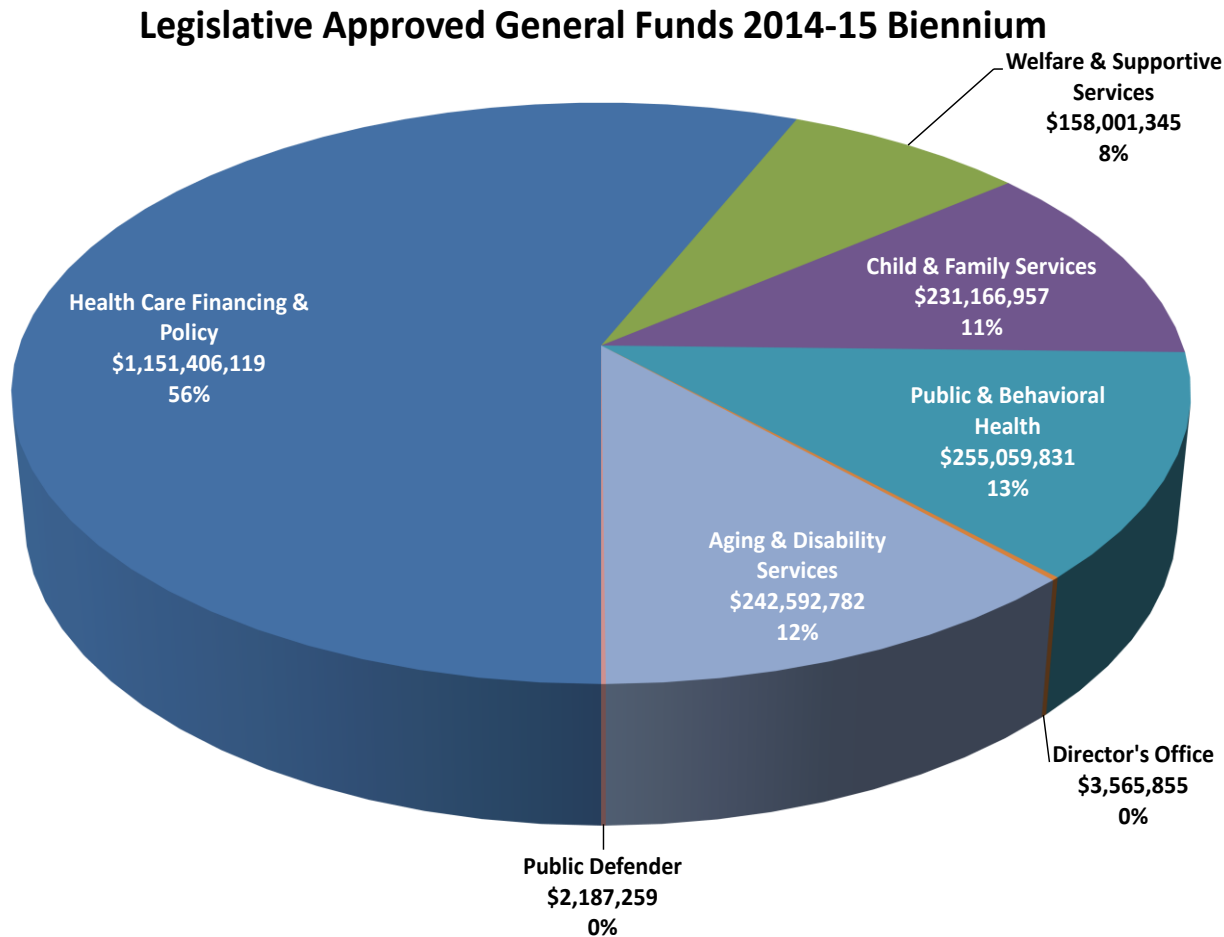
dhhs.nv.gov

- *Quick Links*
 - DHHS Quick Facts “Nassir Notes” (Next update December 2014)
- *About Us*
 - Budget Information
- *Resources*
 - Reports and Publication
 - Welfare Fact Book (next update Feb. 2015) and Executive Summary
 - Medicaid Fact Book (next update Nov. 2014) and Executive Summary
 - Medicaid State Plan
 - Public Assistance Caseload
 - Medicaid Chart Pack
 - Behavioral Health Chart Pack
 - Cleo Reports

Contact Information

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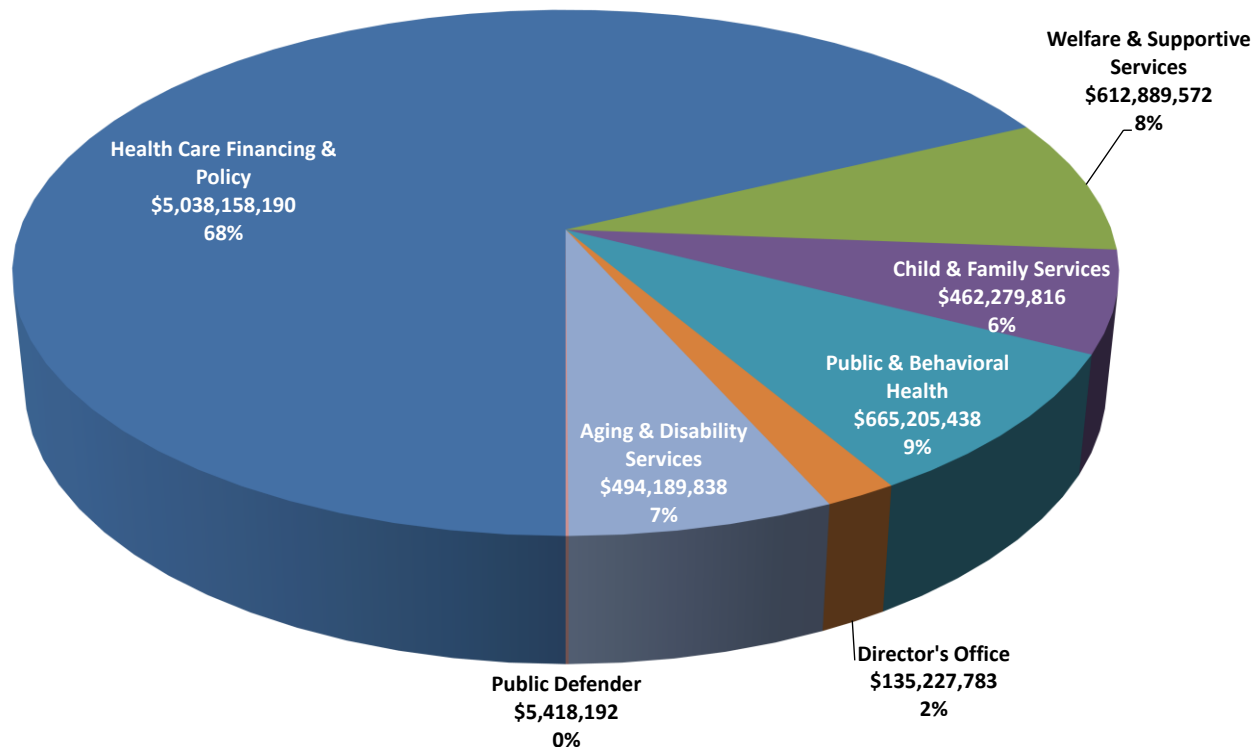
General Funds by Division 2014-15 Biennium



Total \$2,043,980,148

Revenues by Division 2014-15 Biennium

Legislative Approved 2014-15 Biennium



Total \$7,413,368,829

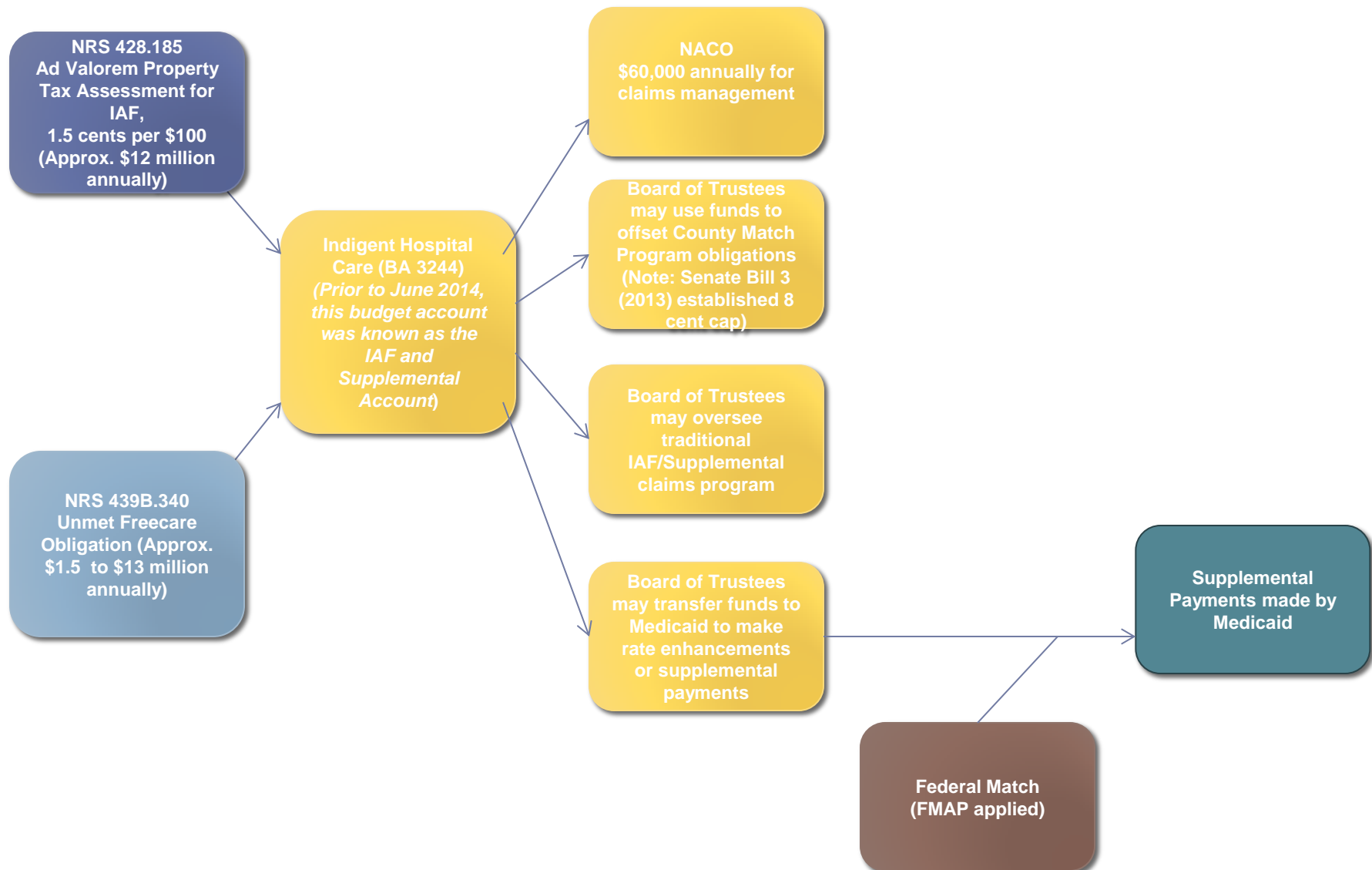
Supplemental Payment Programs

- Disproportionate Share Hospitals (DSH)
- Indigent Accident Fund/Supplemental Account/Free
- Graduate Medical Education
 - Governor's GME Taskforce
- UPL Private Hospitals
- UPL Public Hospitals (inpatient and outpatient)

Disproportionate Share Hospitals (DSH)

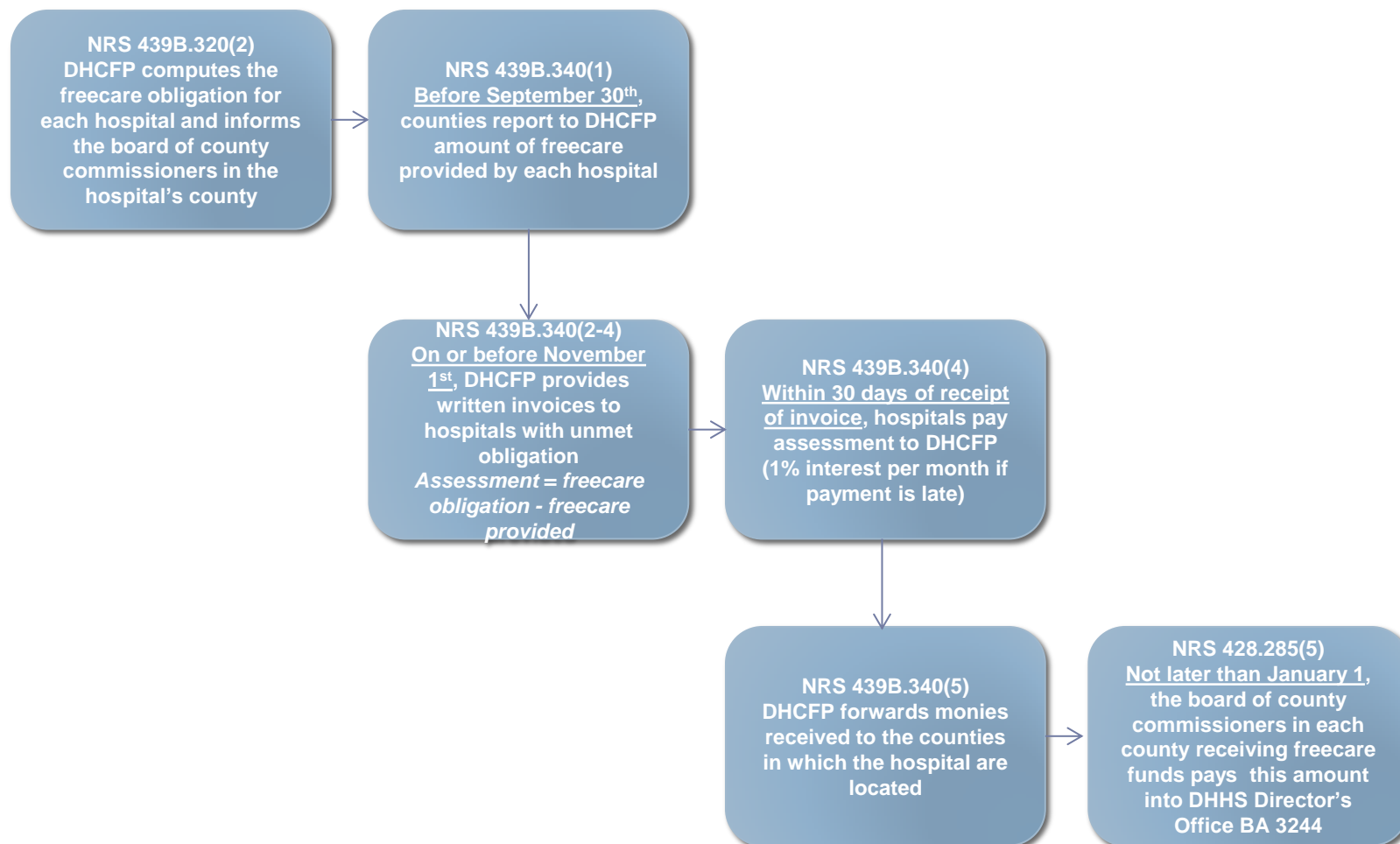


Indigent Hospital Care (formerly Indigent Accident Fund (IAF)) and Supplemental

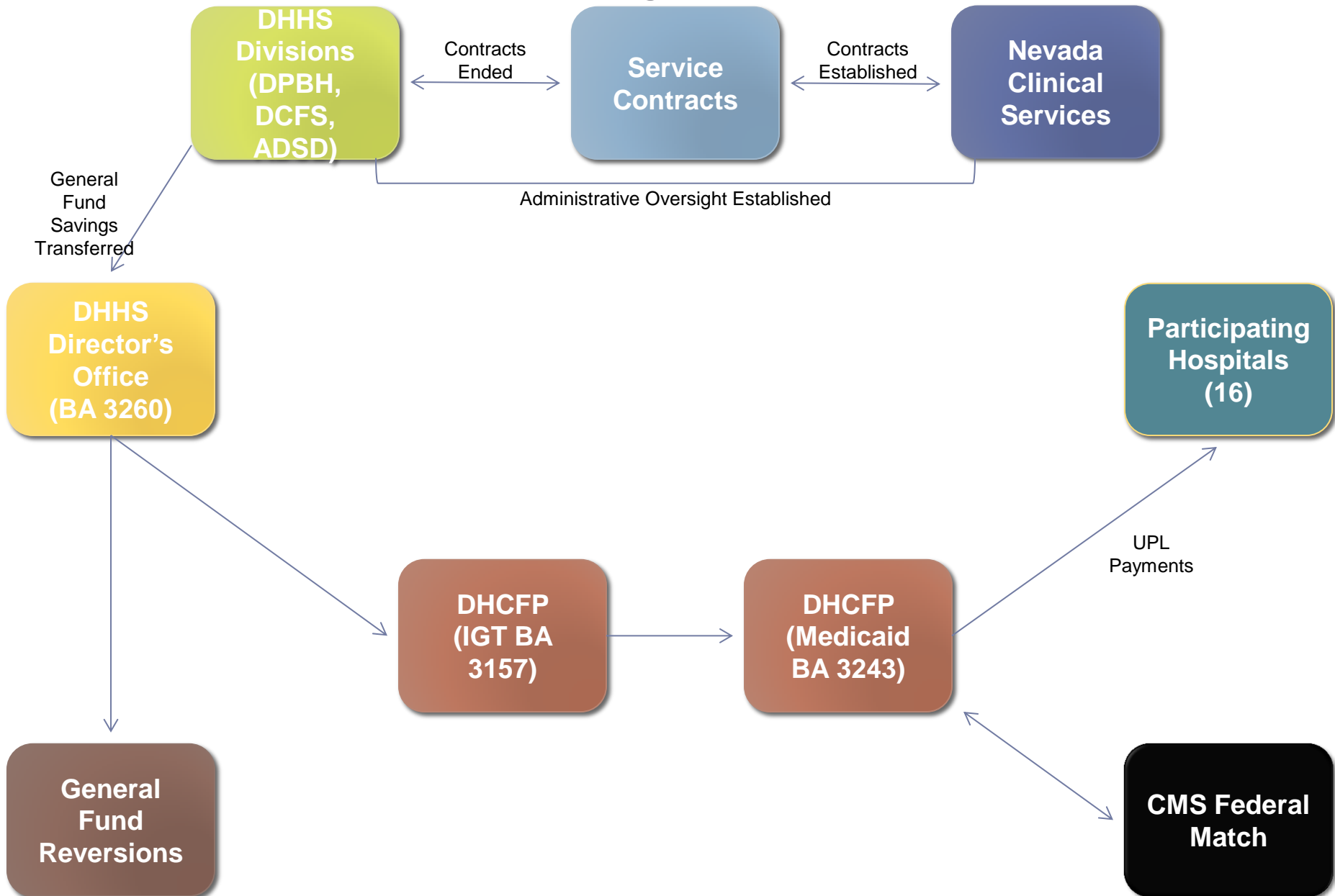


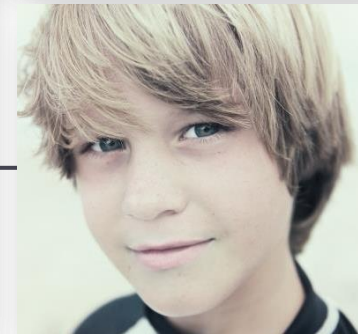
Unmet Freecare Obligation

NRS 439B.320 requires hospitals to provide uncompensated care for indigent inpatients in an amount equal to 0.6 percent of the hospital's net revenue for the preceding fiscal year. This freecare obligation applies to hospitals with more than 100 beds located in counties with two or more licensed hospitals (NRS 439B.300). Currently this applies to only Clark and Washoe Counties.



Private Hospital UPL Program



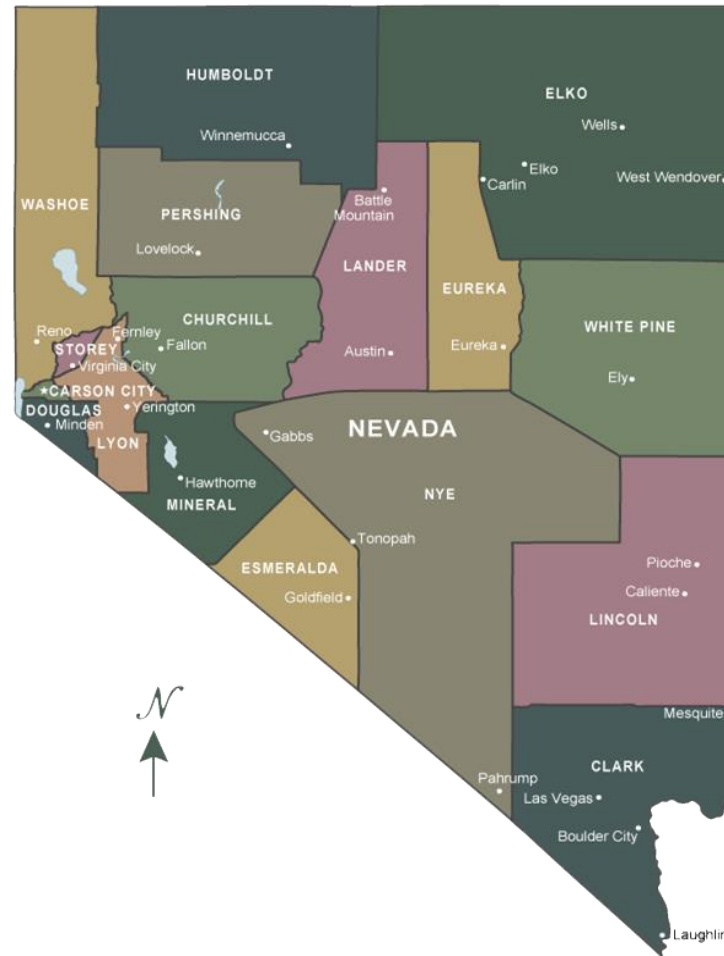


STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES

Nevada's Child Welfare

- Child welfare in Nevada up until 2001 was bifurcated. The two urban counties (Las Vegas and Reno) were responsible for the FRONT END type services: Intake, investigations, removal and the State was responsible for the BACK END type services such as Foster Care and/or Adoption.
- In 2001, the Legislature changed this design of child welfare to a system where those counties that had populations of 100,000 or more were responsible for child welfare services and the State was responsible for the counties who had populations of less than 100,000.
- Nevada has three child welfare agencies
- DCFS supervises and administers child welfare services in the 15 rural counties.
- Nevada uses a state-supervised, county-administered structure for the management of child welfare services.
- Further, DCFS has state oversight for county-administered child protective and child welfare services delivery providing technical assistance, fiscal oversight for federal monies, and quality improvement activities.

Child Welfare Agencies

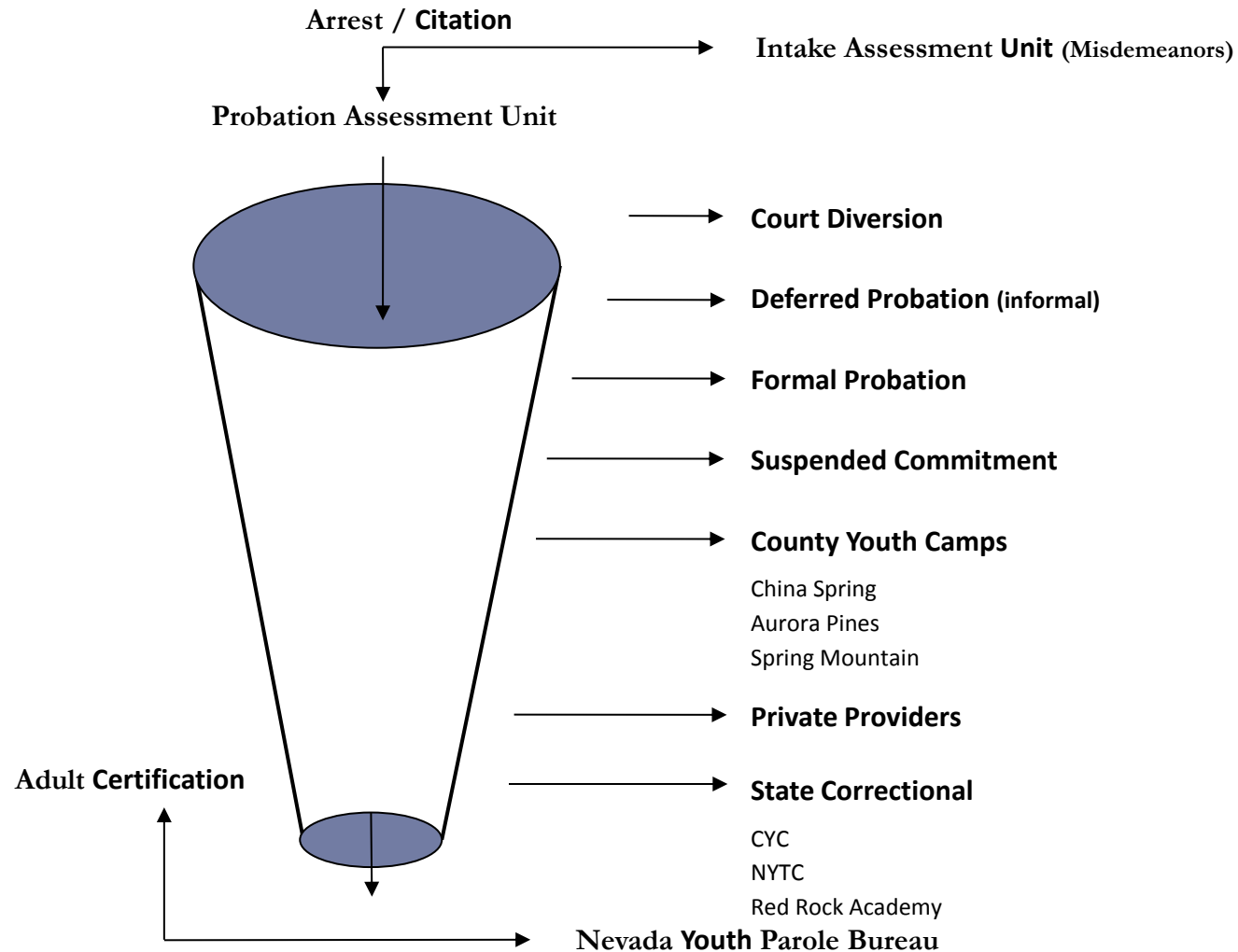


BIFURCATED JUVENILE JUSTICE

- The State of Nevada, Division of Child and Family Services (DCFS), Juvenile Services, operates state youth correctional care and youth parole services
- County level units of government operate juvenile detention centers, county based youth camps and juvenile probation.

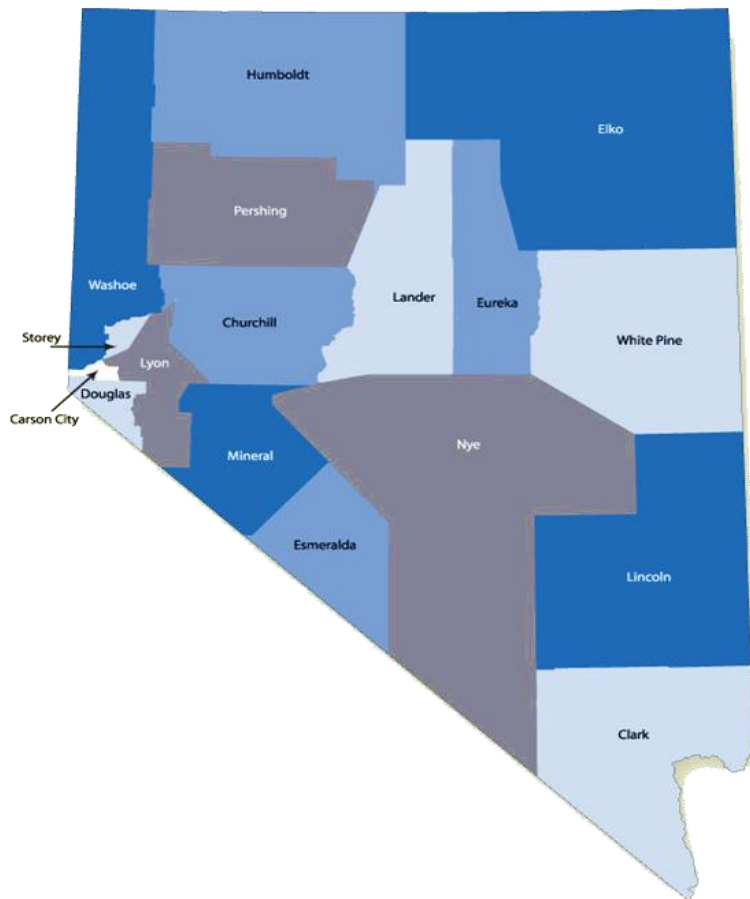


CASE FLOW



County Level

Nevada counties



Judicial Districts

- 1st-Carson/Storey
- 2nd-Washoe
- 3rd- Lyon
- 4th- Elko
- 5th- Mineral, Nye and Esmeralda
- 6th- Humboldt, Pershing and Lander
- 7th- White Pine, Lincoln and Eureka
- 8th- Clark
- 9th- Douglas
- 10th - Churchill

State Juvenile Justice Services

- **Consists of Five Programs:**

- **Caliente Youth Center-140 beds**

- Only state facility serving female offenders- 40 beds.
- Serves younger, lower sanctioned male offenders- 100 beds.

- **Nevada Youth Training Center-60 Beds**

- Male youth housed at Nevada Youth Training Center are generally older and have more severe delinquent background than males housed at Caliente Youth Center. This is a medium staff secure facility.

- **Red Rock Academy at Summit View – 50 beds**

- The facility will be used for youth, who through the comprehensive assessment and classification process performed by the State, are too severe to be appropriately referred to the existing State operated facilities. Red Rock Academy is a contractual partnership between Rite of Passage and Nevada Division of Child and Family Services (DCFS). This facility has a capacity of 96 youth with DCFS contracting for 50 of those beds. This is a maximum secure facility.

- **Youth Parole Bureau**

- Youth, 12 to 21 years, who are committed to the Division of Child and Family Services for correctional and/or mental health care.
- Supervise and assist youth released from a state correctional facility with reintegrating back into the community in which they reside.
- Youth transferred to Nevada through the Interstate Compact on Juveniles.

- **Juvenile Justice Programs Office**

- Ensure that Nevada is in compliance with the four core requirements of the Office of Juvenile Justice and Delinquency Prevention.
- Distribute grant funds to local jurisdictions through the Juvenile Justice Commission's Grant Review Committee.

Children's Mental Health

- Where you receive children's mental health services in Nevada is based on the funding source.
 - Private Insurance Provider
 - Private Insurance PPO providers
 - Private Insurance HMO providers
 - Nevada Medicaid Fee For Service Behavioral Health Networks
 - Nevada Medicaid HMO Providers
 - Nevada Check-up HMO Providers
 - Private for Profit Providers
 - Private not for Profit Community Centers or Family Resource Centers
 - **State Providers- DCFS; MHDS**
 - County Providers – Clinical Units within the Child Welfare/Child Protection and Juvenile Justice Programs

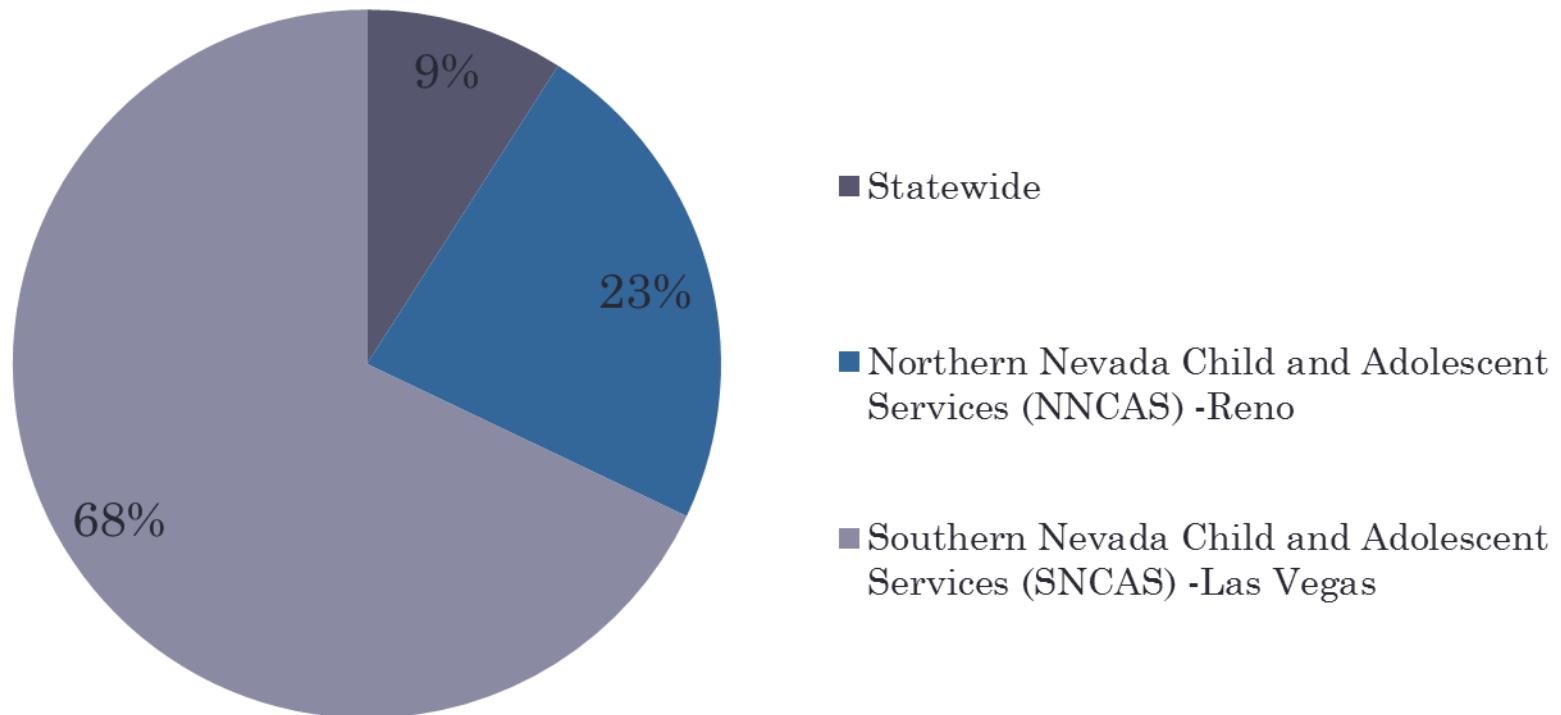


Who We Are & What We Do

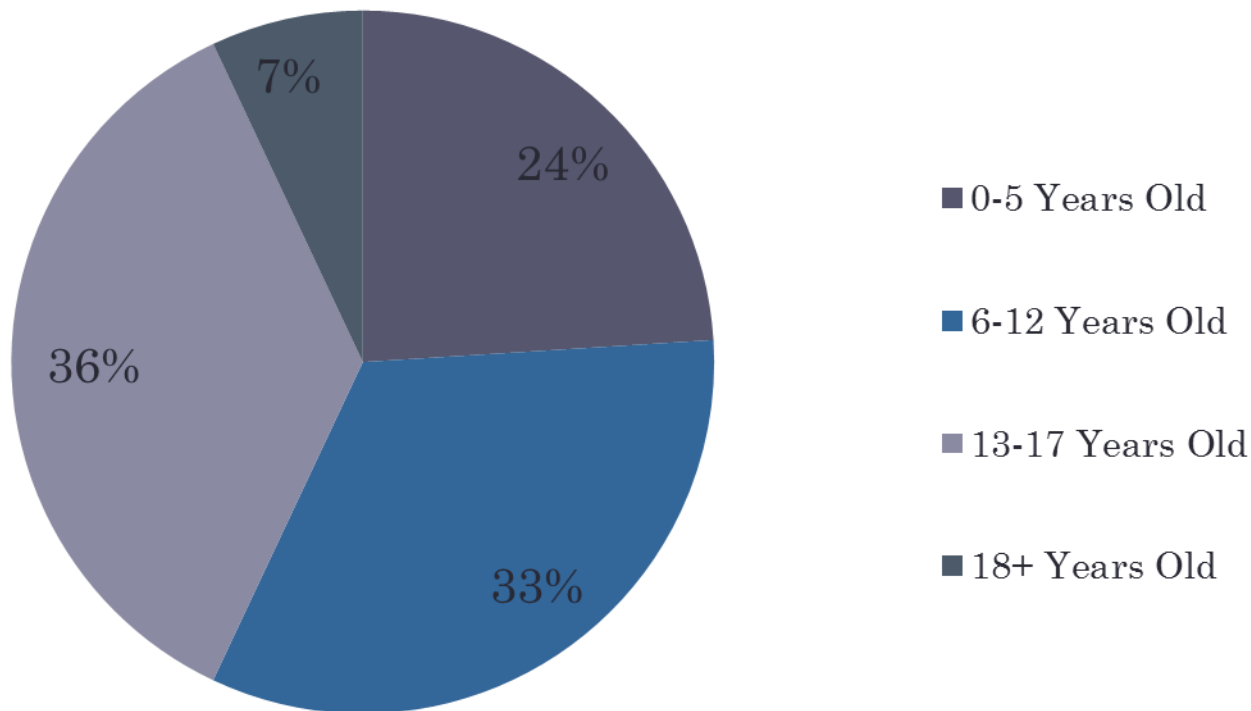
- DCFS Children's Mental Health is one of many providers within the State of Nevada and we offer the Following:
 - Community-Based Services
 - Early Childhood Mental Health Treatment
 - Wrap Around in Nevada (WIN)
 - Treatment Homes
 - Psychiatric Hospital and Residential Treatment Center
 - Performance and Quality Improvement



Number of Children Served



AGES OF CHILDREN SERVED STATEWIDE



County Assessments

- In the 2011 Legislative Session, SB 480 was enacted requiring an assessment of the rural counties for the cost of child protective services.
- The assessment is determined based upon the percentage of the population for persons under 18 years old within each county. This assessment and percentage of the population is recalculated each year and notifications are sent out to each county prior to the upcoming fiscal year indicating the most recent amount due to the state.
- A report on or before December 1 of each year is submitted to the Governor and to each county whose population is less than 100,000 that contains a statement of:
 - (a) The total number of children who received child protective services in each county in the immediately preceding fiscal year; and
 - (b) The amount and categories of the expenditures made by DCFS on child protective services in each county in the immediately preceding fiscal year;
- DCFS provides each county whose population is less than 100,000, on or before May 1 of each year, with an estimate of the amount of the assessment. The estimate becomes the amount of the assessment unless the county is notified of a change. The county is required to pay the assessment:
 - (a) In full within 30 days after the amount of the assessment becomes final; or
 - (b) In equal quarterly installments on or before the first day of July, October, January and April, respectively

CHILD WELFARE ASSESSMENTS

						FY14	FY15
BA3229 - RURAL CHILD WELFARE (CPS ASSESSMENTS TO THE COUNTIES)						\$ 2,121,731	\$ 2,121,731
Carson City						300,241	293,805
Churchill County						170,533	170,190
Douglas County						241,575	236,431
Elko County						429,725	440,555
Esmeralda County						3,510	3,482
Eureka County						14,200	14,582
Humboldt County						126,455	125,537
Lander County						47,395	47,488
Lincoln County						39,053	39,286
Lyon County						350,789	349,792
Mineral County						22,725	22,782
Nye County						255,487	256,684
Pershing County						35,680	35,170
Storey County						20,574	20,818
White Pine County						63,789	65,128

Youth Parole Assessments

- In the 2011 Legislative Session, SB 476 was enacted requiring each county to pay an assessment for the activities of the Youth Parole Bureau that are necessary to carry out its duties.
- The assessment owed by each county equals the total amount budgeted by the Legislature for the operation of the Youth Parole Bureau, divided by the total number of pupils enrolled in grades 7 through 12 in public schools
- The Administrator of the Division of Child and Family Services shall calculate the assessment owed by each county in June of each year for the ensuing fiscal year.
- Each county must pay the assessed amount to the Division of Child and Family Services in quarterly installments that are due the first day of the first month of each calendar quarter.

YOUTH PAROLE ASSESSMENTS

		2011-2012 SCHOOL YEAR				Budget Account 3263	
		Enrollment by School				County Assessment for Youth Parole	
		Grades 7th - 12th				County Assessment = 1/2 of Leg Approved Budget	
	BOYS		GIRLS		TOTAL		
	7th - 12th		7th - 12th		7th - 12th		
						2,795,382	2,834,408
						FY 2014	FY 2014
Carson City					3,522	1.83%	51,209
Storey County					198	0.10%	2,879
					3,720	1.93%	54,088
Washoe County					29,269	15.22%	425,566
Lyon County					3,820	1.99%	55,542
Elko County					4,469	2.32%	64,978
Esmeralda County					14	0.01%	204
Mineral County					214	0.11%	3,112
Nye County					2,697	1.40%	39,214
					2,925	1.52%	42,529
Humboldt County					1,506	0.78%	21,897
Lander County					525	0.27%	7,633
Pershing County					313	0.16%	4,551
					2,344	1.22%	34,081
Eureka County					115	0.06%	1,672
Lincoln County					525	0.27%	7,633
White Pine County					640	0.33%	9,305
					1,280	0.67%	18,611
Clark County					139,554	72.59%	2,029,090
Douglas County					2,994	1.56%	43,532
Churchill County					1,882	0.98%	27,364
Total					192,257	100.00%	2,795,382
							2,834,408

Recommendations made by the Commission on Statewide Juvenile Justice Reform

To date, the Commission's objectives were to make recommendations for reform of the Juvenile Justice System in Nevada with greater emphasis on regionalization and programming. Major components of this transition involve state facilities and state general funds for deep-end commitments.

Phase I (2013 Legislative Session):

- Downsized NYTC from 110 to 60 beds NYTC (160 bed capacity). Savings from this bed reduction was reinvested to reopen SVYCC.
- Funding was approved to purchase 50 State correctional beds and the necessary equipment and start-up costs to move the Summit View Youth Correctional Facility to an operational level. DCFS accomplished this by contracting with Rite of Passage.
- DCFS has isolated one full time position to act as the Quality Control Specialist to monitor the day to day operations of SVYCC programming.

Phase II (future)

The Commission analyzed several different Options, finally narrowing down to 3:

Option A. "Nevada T" Juvenile Facility: Design and construct a new secure Juvenile Correctional Facility for 56 beds at Summit View (Red Rock Academy) to house serious juvenile offenders who have historically been in the adult prison system: **\$15,461,937**

Option B. Invest in NYTC long term Concept: Capital Improvement Projects would total: **\$6,021,023**

Option C. Northern Nevada Regional Center (NNCC) Concept (this would trigger the closure of NYTC): Programming, Design, Bid and Construct a new 84 Bed Youth/Juvenile Facility at the Northern Nevada Correctional Center in Carson City. **\$44,322,213**

The Commission Sub-committee voted (after Agency Request was closed) to recommend the following:

- Designate NYTC as the juvenile commitment/treatment facility for the Northern Nevada Region at a 60 bed capacity long term.
- NYTC receive funding for reasonable prioritized capital improvement projects directly related to the functioning and support of the 60 bed commitment/treatment program and that a full evaluation of the facility be completed to determine which buildings would not be used as part of the routine facility dynamic.
- Abandon the Nevada T and NNCC Options.
 - NYTC CIP's vs. Nevada T: Reduced CIP funding: **\$9,440,914**
 - NYTC CIP's vs. NNCC : Reduced CIP funding: **\$38,301,190**
- China Spring/Aurora Pines (CS/AP) and Spring Mountain Youth Camp (SMYC) receive funding to enhance their programming and Capital Improvement Needs

CS/AP Request

Programming: **\$788,367**

CIP's: **\$5,503,000**

SMYC Request

Programming: **\$604,000**

CIP's: **Nothing submitted**

- **AND** allocate funding, to the local probation departments for community based programs such as, resiliency development, prevention/diversion, Adolescent Substance Abuse, Juvenile Sex Offender Treatment, Assessments, Intensive Supervision, Behavioral and Mental Health Services and Evening Reporting Centers. Initial requests are totaling **\$3,400,000 per year.**

RECOMMENDATIONS MADE BY THE COMMISSION ON STATEWIDE JUVENILE JUSTICE REFORM

Aside from CIP's the commission is recommending upgrades to the NYTC property and programming:

- That NYTC provide a quality assurance component that will ensure compliance with all of the policies, procedures and general health, safety and welfare matters at the facility. **Estimated at \$114,975 (salary + benefits)**
- Enhance NYTC programming (Substance abuse, mental health, domestic violence, educational needs). **(Costs unknown)**
- NYTC receive the necessary funding to bring back the Nevada Interscholastic Athletic Association (NIAA) sanctioned sports programs and opportunities to Independence High School including transportation costs, uniform costs, and equipment costs necessary to support a positive athletic experience. **\$48,000 first year, \$30,000 each year thereafter.**
- Enhance visitation for families. NYTC should complete a full cost analysis of and be approved for a Family Systems Program, on grounds and in Northern Region communities, including transportation to and from the NYTC facility. Keeping in line with the supporting family systems improvement. BA 3259 includes an increase to include transportation costs in agency request in the amount of **\$36,802** per year
- Ability to contract for a Psychologist position to solve recruitment/retention issues.
 - To accomplish this, DCFS would need to explore telemedicine as well in response to the lack of clinical psychologists in the Elko community. Estimated contract amount:**\$90,060**. Telemedicine would also require increased Bandwidth.
- Increase funding to address painting needs exterior and interior, flooring, furniture, cosmetic type enhancements. The facility has not been given much attention over the years due to its uncertain future. It needs to receive some improvements other than safety CIP's to provide an environment that is better for youth. **Estimated at \$300,000.**

Division of Public and Behavioral Health

Community Health Nurse - Rural

- The Community Health Nurse Program as the sole provider of public health nursing in Nevada's frontier and rural counties, endeavors to promote optimal wellness through the delivery of public health nursing, preventive health care and health education.
- The CHN program has clinics located in eleven(11) of the fourteen(14) rural/frontier counties in Nevada, covering approximately 95,000 miles in area.
- All residents of rural Nevada are eligible to receive services in the CHN clinics. Fees for services are based on a sliding scale.

Public Health Nurse Services

- Health education
- Cancer Screening – limited to breast, cervical and testicular and moderate screening for colorectal cancer
- Immunizations – birth through adults
- Well-child exams to include fluoride varnish for teeth and blood lead testing
- Reproductive health – education, counseling, and birth control methods
- Sexually transmitted disease testing, treatment, education and counseling
- HIV/AIDS counseling, education, testing and referrals
- Communicable disease investigation and treatment
- Tuberculosis screening, education, contact investigations and treatment
- School health promotion and education (provides school nurse duties in some areas with no full time staff nurse)

Direct Care Provided in 2014 by the CHN Program

- Child Health services 6,994
- Adult Wellness services 5,593
- Tuberculosis services 2,674
- School Nursing services 496
- STD services 1,571
- Points of dispensing 5,748
- Total clients served 23,076

Environmental Health Services

Responsible for safeguarding the health of Nevada residents and visitors by preventing avoidable death and disease.

- Education
- Inspection and enforcement action
- Establish reasonable standards
- Issue permits

EHS program historically has been funded through a combination of fees and county assessments.

Environmental Health Services

Areas of Operations

- Food establishments
- Drug and cosmetic manufacturers
- Dietary supplement manufacturers
- Public bathing
- Correctional facilities
- School
- RV parks
- State parks
- Child care facilities
- Private on-site sewage systems
- Septic pumpers and landfills

Behavioral Health Initiatives

Includes items approved by the 2013 Legislature and items approved by the June 2014 IFC (as recommended by the Behavioral Health and Wellness Council)

- **HOME VISITING/SAFETY PROGRAM** (\$2.0 million) Contracted to Westcare; will address individuals discharged from hospitals and criminal justice facilities; risk assessments in-home; and services to family to support consumer.
- **ASSISTED OUTPATIENT TREATMENT** (\$1.4 million) Court-ordered treatment to assist with compliance after a history of non-compliance.
- **HOUSING SUPPORT/JAIL REENTRY PROGRAM** (\$4.1 million) Residential placement for individuals with history of interaction with correctional and mental health systems.

Behavioral Health Initiatives (cont.)

- **STAFFING CONTINGENCY FUND/RAWSON-NEAL HOSPITAL** (\$4.0 million) Staffing recommendations from the Dvoskin/Applebaum report in Spring 2013.
- **21 ADDITIONAL PSYCH BEDS/SOUTH** (\$2.1 million) Opened new beds in Building 3-A for difficult to place consumers; additional capacity to 190 beds at Rawson-Neal Hospital.
- **CAPITAL IMPROVEMENT PROJECT FOR OLD STEIN HOSPITAL/SOUTH** (\$5.2 million) When completed in Fall of 2015, will add 46 forensic and 16 civil beds to the overall State capacity in Southern Nevada.
- **IMD IN LIEU OF PAYMENT** – Allows Medicaid eligible individuals enrolled an MCO's to be covered for IMD stays

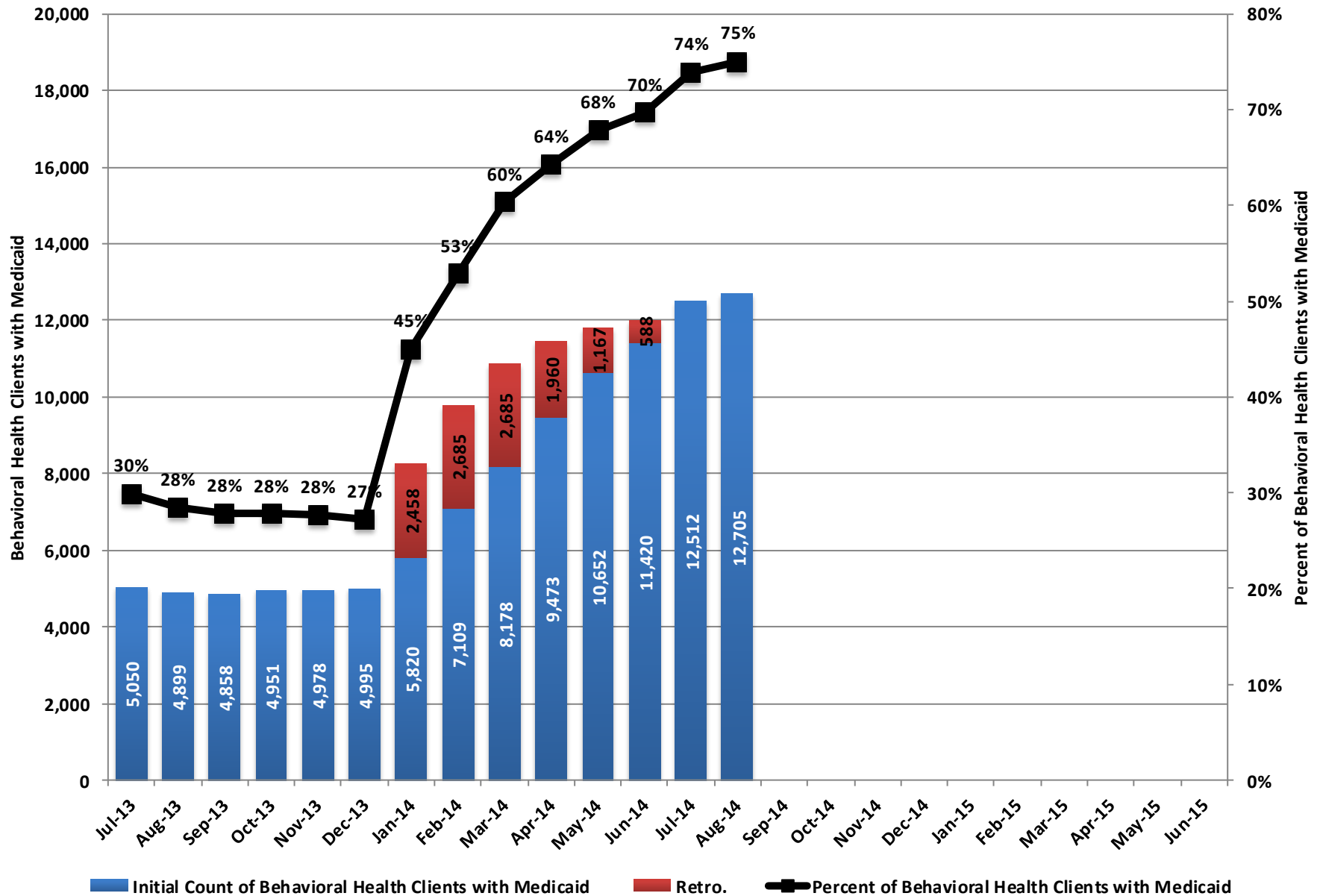
Behavioral Health Initiatives (cont.)

- **MOBILE OUTREACH SAFETY TEAM (MOST)/SOUTH** (\$460,000)
Sub-granted to Clark County Social Services and being implemented in cooperation with the Las Vegas Metropolitan Police Department; goal to prevent ER transports and recidivism.
- **MOBILE CRISIS FOR KIDS/SOUTH AND NORTH** (\$500,000)
Initiative includes 19 new staff in Southern Nevada and 8 new staff in Northern Nevada; contracting for services from Nevada PEP and UNR School of Medicine.
- **COMMUNITY TRIAGE CENTER/SOUTH** (\$255,000) Provides the state share of funding to increase beds from 36 to 50 in Southern Nevada.
- **MENTAL HEALTH COURT – HOUSING/SOUTH** (\$750,000) Restores mental health court funding to approximately \$1.4 million per year.

Medicaid Hospital Rate Increases

- Psych hospital/general acute rates increased from \$460 to \$944 per day effective July 1, 2014
- Free standing psych hospital rates are individually negotiated
- Rate increases for hospitals for the 2015-2017 biennium are currently being reviewed as part of the Agency Request/Governor's Recommended budget.

Behavioral Health Clients with Medicaid



BILL DRAFT REQUESTS

Budget BDR's

DOA BDR #	Division	NRS	Description
406-1045	DPBH	449.0153, 449.001, 449.0151, 449.089, 449.0301, 449.119, 449.174, 449.194, 200.5093, 427A.175, 632.472	<u>Community Health Worker Pool (CHW)</u> : Required to implement the CHW model in Nevada, including oversight and certification of workforce. CHW's are commonly characterized as lay health workers. CHW is considered an evidence-based model to improve access to health care, increase education and awareness, prevent disease and improve select health outcomes among the populations in which they reside.
403-1077	DHCFP	422.4025	<u>Medicaid Preferred Drug List (PDL)</u> : Elimination of the sunset/expiration date to enable Medicaid to continue to collect rebates on certain drugs.
406-1042	DPBH	449, NAC 449	<u>Peer Support Recovery Organizations (PSRO)</u> : Creates Peer Support Recovery Organization as a facility type to employ trained Peer Supporters to provide peer support services for individuals with mental illness, addictions or co-occurring disorders. Provides for licensure requirements.
406-1040	DPBH	449.00455	<u>SAPTA</u> : Allows DPBH to license all alcohol and drug abuse facilities that meet the NRS 449.00455 definition.

Policy BDR's

DOA BDR #	Division	NRS	Description
400-1102	DO	439.581 to 439.595	<u>Statewide Health Information Exchange System</u> : Revisions necessary to address advances in technology and lessons learned during implementation of the "State Health Information Technology Strategic & Operational Plan". Change DDHS to oversight authority rather than administrative authority.
402-1043	ADSD	435	<u>Early Intervention and Developmental Services into Aging and Disability Services Division</u> : Complete the integration/realignment of services of EIDS into ADSD as requested in NRS 435.
403-1081	DHCFP	422.4035	<u>Pharmacy and Therapeutic Committee (P&T Comm.)</u> : Change of membership requirements so committee may meet regularly.
403-1090	DHCFP	689A.430, 689B.300	<u>Confirmation of Medicaid Payer of Last Resort</u> : Implement trading partner agreements (TPAs) with commercial payers to acquire their monthly eligibility rosters. Ensures Medicaid is payer of last resort.
406-1020	DPBH	439A, NAC 439A.720	<u>J-1 Physician Visa Fees</u> : Remove cap for J-1 Physician Visa Waiver application fee to allow for adequate funding for staff processing and program oversight.

Policy BDR's continued

DOA BDR #	Division	NRS	Description
403-1103	DHCFP	428 Indigent Persons	<u>Indigent Accident Funds:</u> This will help with proper and appropriately flexible use of federal/non-federal funds for indigent care. Also abolishes fund & board related to the county match program which is no longer needed.
406-1041	DPBH	Title 40, 449, Chapter 458	<u>Alcohol and Drug Abuse Facility Licenses:</u> Seeks to require all alcohol and drug abuse facilities falling under NRS 449.00455 to be licensed by the Division. Changes authority for adoption of regulations from Division to State Board of Health.
406-1054	406-1076	453A.740	<u>Medical Marijuana Program - ID Cards:</u> Provides for DPBH to prepare and issue medical marijuana registry cards for cardholders and caregivers.
406-1093	DPBH	178.400	<u>Lake's Commitment Provisions:</u> Clarify fiscal responsibility for individuals committed to Lake's Crossing. Amends long-term commitment provisions of incompetent defendants to include only the most egregious offenses. In reviewing the eligibility of a client for discharge from conditional release, removes the requirement the court find the person no longer has a mental disorder.

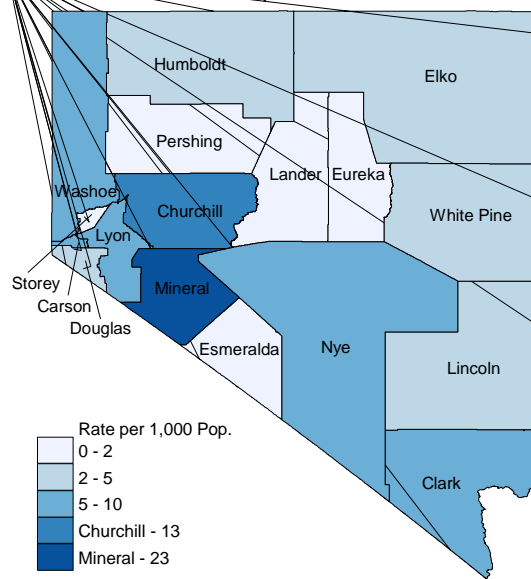
Policy BDR's continued

DOA BDR #	Division	NRS	Description
406-1099	DPBH	Title 39, Chapter 433A	<u>Involuntary Commitment/Decertification</u> : Expands the practitioners that may file a petition for involuntary court-ordered admission of a person. Adds licensed physician assistants and nurse practitioners. Adds a new section to allow for decertification of a person who has had a petition initiated for involuntary court-ordered admission.
407-1088	DWSS	702.275	<u>Distribution of LIHEAP Funds</u> : Creates flexibility that's intended to maximize use of low income energy assistance program (LIHEAP) funds and universal energy charge (UEC) funds to maintain stable year round energy assistance program.
409-1203	DCFS	432.100	<u>Central Registry</u> : Allows access by certain employees of DPBH, a child welfare agency, or with the Division Administrator's approval, to a contracted agency, in order to complete daily business.
406-1060	DPBH	457, NAC 457	<u>NCCR Mammography</u> : The NCCR, in collaboration with the NV Cancer Coalition and healthcare providers are requesting NRS changes to reflect program changes. Also revise fee and penalty requirements.
406-1061	DPBH	388	<u>Youth Risk Behavior Surveillance Survey (YRBS)</u> : Standardize parental permission requirements to the use of passive parental permission in all school districts to conduct YRBS. Action is needed to affect response rates for the survey.
406-1076	DPBH	453A.740	<u>Medical Marijuana Program - ID Cards</u> : Provides for DPBH to prepare and issue medical marijuana registry cards for cardholders and caregivers.

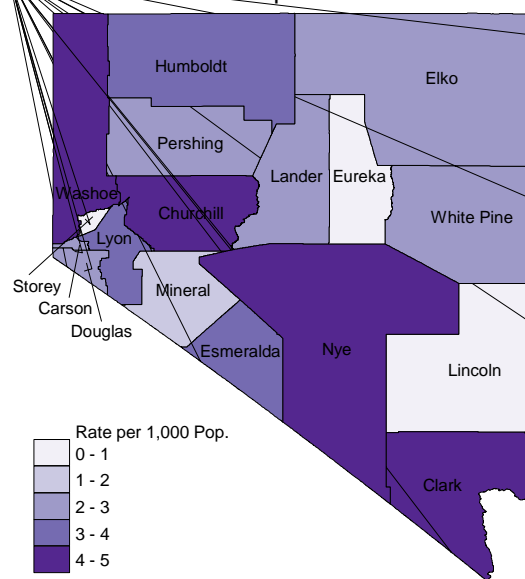
Maps – Program Participation Rates by County

Source: DHHS Caseload Data

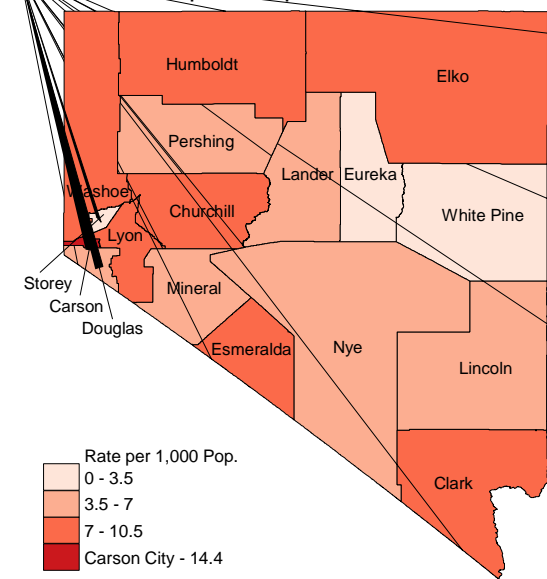
TANF Cash Participation Rate - Jul 2014



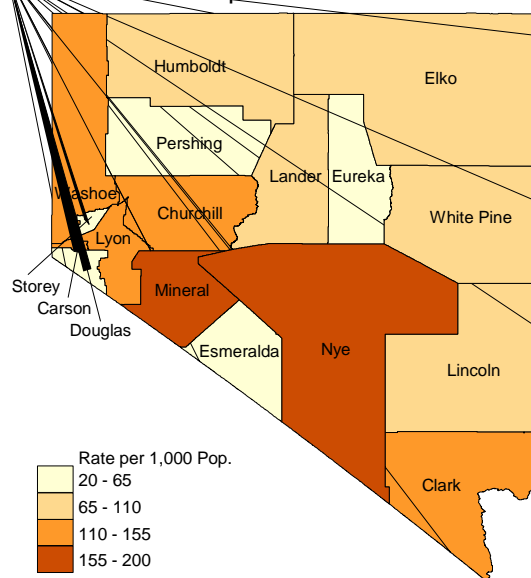
Child Welfare Participation Rate - Jul 2014



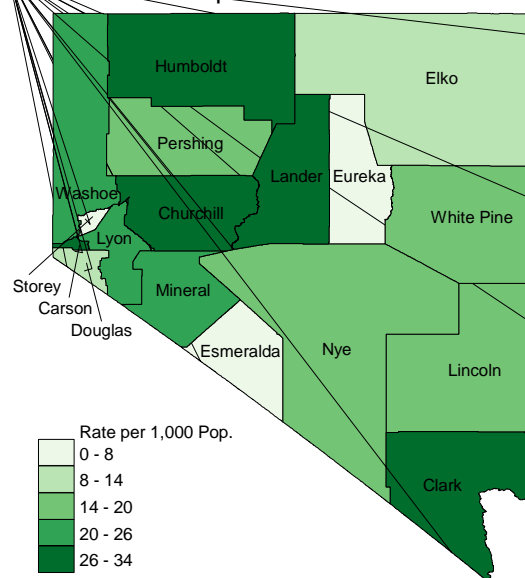
NV Check-Up Participation Rate - Jul 2014



SNAP Participation Rate - Jul 2014



WIC Participation Rate - Jun 2014



Childcare Participation Rate - Sep 2014

